Medications

Cefazolin/Ancef (cephalosporin antibiotic 1st generation) This antibiotic replaced Vancomycin as the antibiotic to treat his sacroiliitis. Check renal function labs before giving and assess for allergies (Jones & Bartlett Learning, 2019).

Famotidine/Pepcid (Histamine H2-Receptor inhibitor) This medication is given prophylactically to prevent upset stomach while in the hospital. Assess for allergies before giving (Jones & Bartlett Learning, 2019).

Diphenhydramine/Benadryl (antihistamine 1st generation) Given in case of mild allergic reaction to antibiotic. Assess for allergies before administration (Jones & Bartlett Learning, 2019).

Demographic Data

Admitting diagnosis: Sacroiliitis/Bacteremia

Psychosocial Developmental Stage: Identity vs role confusion

Age of client: 14 yrs. (7/7/2007)

Sex: Male

Weight in kgs: 80.5 kg

Cognitive Development Stage: Formal operation

Allergies: No known drug allergies

Date of admission: 06-28-2021

Pathophysiology

Disease process: Sacroiliitis is inflammation of one of the sacroiliac joints (Mayo Clinic, 2021). Causes include trauma to the joint, arthritis caused by wear and tear, and infection. It is unclear if the infection was the cause of this client's sacroiliitis or if the infection happened after inflammation.

S/S of disease: Sever pain in the lower back or in the buttocks. The pain may radiate down one or both legs. Chronic pain can often lead to depression and insomnia

Method of Diagnosis: Xray or MRI of the pelvis may be utilized to visualize the inflammation of the joint.

Treatment of disease: Treatment involves the utilization of pain medications and long term intravenous antibiotic therapy (Mayo Clinic, 2021).

Admission History

The client had a weight-lifting incident where he failed to perform a squat. The client progressively worsened back pain, fever, and constipation for five days when the mother brought the client to the SBL ED. Pain described as "shooting, stabbing" rated as a 10/10 located in the lower-left back radiating to the left leg. Pain is worse with movement. The client was unable to effectively walk or sleep due to the severity of his pain. The client was unable to relieve the pain at home. The client was treated with Dilaudid and Toradol in the SBL ED, which brought the pain down to 2/10. When the client arrived at the pediatric floor at Carle, he looked as if he were "becoming septic." The client was treated with a ten-day course of intravenous vancomycin before being switched to IV cefazolin. The client has been pain-free as of 7/2/21. The client is awaiting discharge as soon as home health services are set up to continue daily IV antibiotics.

Assessment									
General	**Integument**	**HEENT**	**Cardiovascular**	**Respiratory**	**Genitourinary**	**Musculoskeletal**	**Neurological**	**Most recent VS (highlight**	**Pain and Pain Scale Used**
Client is alert and oriented to person, place, time, and situation	Skin is warm dry and intact. Color appropriate for race. Turgor is elastic	Normocephalic with symmetrical facial features. Trachea centered. Thyroid rises and moist.	S1 and S2 sounds audible. No gallop or murmur. 3+ radial, pedal, and carotid pulses felt	Auscultated anterior and posterior lung sounds.	Client is on regular diet. Last BM 7/8/21. Bowel sounds present in all 4 quads. No pain or	Nail beds intact. Pain with movement of left leg due to sacroiliitis. Client is up with	Le ex ha mo an du	**needs:** N/A	

Relevant Lab Values/Diagnostics

CRP: (5.0-10.0) 12.0- elevated levels of this lab implies inflammation.

ESR: (0-0.5) 2.44-elevated levels of this labs imply inflammation.

MRI sacrum with contrast: Patchy bone marrow inflammation in the left sacroiliac joint. An MRI provides a noninvasive look into the cause the client's lower back pain. This was used to diagnose the client's sacroiliitis (Capriotti, 2020).

Medical History

Previous Medical History: N/A

Prior Hospitalizations: N/A

Chronic Medical Issues: N/A

Social needs: Discharge to home with home health care.

Active Orders

Head to toe assessment every shift: A regular thorough assessment can detect changes in client's health.

Vitals every 8 hours: Trending vital signs can detect improvement or deterioration in health.

Discharge with home health infusion, Intravenous cefazolin antibiotic treatment for 14 days: Infections of the bone require long term intravenous antibiotic therapy. This client is stable enough to leave the inpatient care.

Nursing Diagnosis 1 Risk for infection related to PICC line as evidenced by home intravenous therapy.	**Nursing Diagnosis 2** Risk for falls related to pain to lower left leg pain with movement as evidenced by requiring a walker.	**Nursing Diagnosis 3** Activity intolerance related to pain with movement as evidenced by the client being mostly bed bound.
Rationale If bacteria enter the PICC line it can lead to infection of the bloodstream or sepsis.	**Rationale** The client is at an increased risk for reinjury due to his lower left pain with ambulation.	**Rationale** Being bedbound for an extended period increases the risk for atrophy of muscles. Promoting some basic ROM exercises can decrease these side effects.
Interventions **Intervention 1:** Strict aseptic technique utilized when accessing PICC line for medication	**Interventions** **Intervention 1:** Teach client proper ambulation using a walker. Stress the importance of using walker while ambulating to prevent further injury.	**Interventions** **Intervention 1:** Teach the client to perform active or passive range of motion exercises. **Intervention 2:** Promote high calorie high protein

administration. **Intervention 2:** Taught the client the importance of proper technique when any healthcare professional is accessing his PICC line.	**Intervention 2:** Leave call light within arm's length so he may call for assistance should he need to ambulate.	diet to aid for healing.
Evaluation of Interventions 1. PICC line remains free of any potential bacterial infection. 2. Client verbalizes the importance of proper technique when the PICC line is accessed. He acknowledges the importance to his own health to report anyone not using proper technique.	**Evaluation of Interventions** 1. Client shows proficiency at ambulating using his walker. 2. Client verbalizes understanding to use the call light if he needs to get up.	**Evaluation of Interventions** 1. Client demonstrates range of motion exercises. 2. Client verbalizes understanding of the importance of attaining adequate nutrition to promote healing.

Jones & Bartlett Learning. (2019). *2020 nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Mayo Clinic. (2021, April 22). *Sacroiliitis - Symptoms and causes*. https://www.mayoclinic.org/diseases-conditions/sacroiliitis/symptoms-causes/syc-20350747